

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

William Bean Kennedy, Jr

(b) Address (number and street)

☐ check if different than previously reported

1100 Rock Springs Rd

(c) City, State and ZIP Code

Vilas

NC

28692

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Carpenter &amp; Farmer

### 2. FEC Identification Number

C C30001796

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

### (b) Communication Title

Radio/Cable Ads - Jobs, Corps., Seniors

### 6. The filer is a(n):

(a) ☒

Individual

(b) ☐

Unincorporated Organization

(c) ☐

Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐

Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐

Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

### 8. Custodian of Records

(a) Name

Judith Anne Goodwin-Rosenberg

(b) Address (number and street)

220 Sorrento Forest Dr

(c) City, State and ZIP Code

Blowing Rock

NC

28605

(d) Name of Employer or Principal Place of Business

Not employed

(e) Occupation

Accountant

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

36681.10

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Judith Anne Goodwin-Rosenberg

SIGNATURE Electronically Filed by Judith Anne Goodwin-Rosenberg

DATE 10/19/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name William Bean Kennedy, Jr	<b>Transction ID :</b> F91.000001	
	(b) Address (number and street) 1100 Rock Springs Rd		
	(c) City, State and Zip Code Vilas NC 28692		
	(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Carpenter & Farmer	
<b>B.</b>	(a) Name Laura Elaine Edmisten	<b>Transction ID :</b> F91.000002	
	(b) Address (number and street) 770 W King St		
	(c) City, State and Zip Code Boone NC 28607		
	(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Campaign Manager	
<b>C.</b>	(a) Name Judith Anne Goodwin-Rosenberg	<b>Transction ID :</b> F91.000003	
	(b) Address (number and street) 220 Sorrento Forest Dr		
	(c) City, State and Zip Code Blowing Rock NC 28605		
	(d) Name of Employer or Principal Place of Business Not employed	(e) Occupation Accountant	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee High Country Adventures				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>			
Mailing Address of Payee 738 Blowing Rock Rd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3228.00</div>			
City Boone		State NC		Zip Code 28607		Communication Date <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Name of Employer  				Occupation  			
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-RadioAds-Jobs,Corps,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000008							
Name of Federal Candidate  		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate  		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee CBS Radio				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>			
Mailing Address of Payee 1520 South Blvd Suite 300				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3855.60</div>			
City Charlotte		State NC		Zip Code 28203		Communication Date <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Name of Employer  				Occupation  			
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-RadioAds-Jobs,Corps,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000009							
Name of Federal Candidate  		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate  		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">7083.60</div>			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Charter Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee 719 G Greenway Road				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12911.50</div>			
City Boone		State NC		Zip Code 28607		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-CableAds-Jobs,Corps.,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000010							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Tom Santay				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee PO Box				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>			
City Blowing Rock		State NC		Zip Code 28605		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer Self		Occupation Media Production		<b>Transaction ID :</b> F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) Radio & CableAd Productn -Jobs,Corps,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000011							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">14911.50</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee WBRF-FM				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee PO Box 838				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>			
City Galax		State VA		Zip Code 24333		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000005			
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-RadioAds-Jobs,Corps,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000012							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Time Warner Cable				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee 200 Centreport Drive Suite 200				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10286.00</div>			
City Greensboro		State NC		Zip Code 27409		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000006			
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-CableAds-Jobs,Corps.,Srs							
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000013							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">12886.00</div>			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee WKBC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>	
Mailing Address of Payee PO Box 938				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1800.00</div>	
City North Wilkesboro		State NC		Zip Code 28659	
Name of Employer		Occupation		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>	
Purpose of Disbursement (including title(s) of communication(s)) Voter Education-RadioAds-Jobs,Corps,Srs					
Name of Federal Candidate Virginia Foxx		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District: 05	
F94.000014		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">1800.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">36681.10</div>	